



MIKE BEEBE
ATTORNEY GENERAL
OFFICE OF THE ATTORNEY GENERAL
323 CENTER STREET, Suite 200
LITTLE ROCK, AR 72201-2610 (501) 682-6150

FUND-RAISING COUNSEL APPLICATION FOR REGISTRATION

Pursuant to Ark. Code Ann. § 4-28-401 *et seq.*, fund-raising counsel is a person or entity, who for a flat fixed fee or fixed hourly rate, under a written agreement, plans, conducts, manages, carries on, advises, or acts as a consultant, whether directly or indirectly, in connection with soliciting contributions for, or on behalf of, any charitable organization, whether directly or indirectly, in connection with soliciting contributions for, or on behalf of, any charitable organization, but who actually solicits no contributions as a part of the service. Fund-raising counsel does not receive or control funds or assets solicited for charitable purposes nor does counsel procure or employ any compensated person to do so. No lawyer, investment counselor, or banker who advises a person to make a contribution shall be deemed, as a result of that advice, to be a fund-raising counsel. A bona fide salaried officer or employee of a registered or exempt charitable organization shall not be deemed to be a fund-raising counsel. Fund-raising counsel must properly register with the Office of the Attorney General, prior to commencing performance pursuant to the contract. Registration as fund-raising counsel in the State of Arkansas must be renewed on an annual basis. Once registration is effective, it remains so for one (1) calendar year. This form should be used for such renewal.

INSTRUCTIONS:

- ☐ A. Answer all items completely. This form will be returned without filing if it is incomplete, contains blank responses, or otherwise fails to comply with Ark. Code Ann. § 4-28-401 *et seq.*
- ☐ B. Include a \$100.00 annual registration fee, payable to the Office of the Attorney General.
- ☐ C. You must notify the Consumer Protection Division of any change(s) in the information contained in this application within thirty (30) days of any such change(s). Notification of any change(s) must be in writing. This form should be used to notify the Consumer Protection Division of such changes.
- ☐ D. Attach an executed copy of Irrevocable Consent for Service.
- ☐ E. This form, along with a properly executed contract and all attachments, *must* be submitted *at least fifteen (15) days* prior to the fund-raising counsel commencing performance pursuant to the contract.
- ☐ F. File with: Office of the Attorney General - Consumer Protection Division
ATTN: Fund Raiser Registration
323 Center Street, Suite 200
Little Rock, Arkansas 72201-2610

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1. This application is: ☐ New (fee required) ☐ Renewal (fee required) ☐ Information change only (no fee required)
2. _____
NAME OF FUND-RAISING COUNSEL
3. _____
PHYSICAL ADDRESS CITY STATE ZIP CODE
- _____
- MAILING ADDRESS CITY STATE ZIP CODE

4. _____ (_____) _____
DESIGNATED CONTACT PERSON TELEPHONE NUMBER
- _____
- JOB TITLE/POSITION
5. _____
PERSONAL ADDRESS OF CONTACT PERSON CITY STATE ZIP CODE
6. Names of organizations, programs or promotions, aliases, assumed names, and/or fictitious name(s) for your operation under which you intend to provide counsel:
- (a) _____
- (b) _____
7. Other name(s), alias(es), assumed name(s), and/or fictitious name(s) by which you have ever been known:
- (a) _____
- (b) _____
8. Have you ever had your registration or renewal denied, suspended, revoked, or enjoined by any governmental authority or any court? ☐ No ☐ Yes If so, explain in detail and attach a copy of any such judgment, notice, or order:
- _____
- _____
9. Have you ever been sued for fund-raising-related activities? ☐ No ☐ Yes. If so, explain in detail and attach a copy of any such judgment, notice and/or order for such occurrence: _____
- _____
10. Have you ever entered into, or been subject to, any assurance of voluntary compliance, cease and desist order, or private settlement with a government authority? ☐ No ☐ Yes If so, explain in detail and attach a copy of any such document: _____
- _____
11. Have you (if you are an individual) ever been charged, arrested and/or convicted of a crime other than a simple traffic violation? ☐ No ☐ Yes If so, state the charge(s), the state(s) involved, and, if convicted, attach a copy of each relevant judgment or court order: _____
- _____
12. Have any officers, directors, partners, managers, or supervisors ever been sued for fund-raising-related activities? ☐ No ☐ Yes If so, explain in detail and attach copies of the lawsuit, judgment, decree and/or court order for each such occurrence: _____
- _____
13. Have any officers, directors, partners, managers, or supervisors ever entered into, or been subject to, any assurance of voluntary compliance, cease and desist order, or other private settlement with any governmental authority? ☐ No ☐ Yes If so, explain in detail and attach a copy of any such document: _____
- _____
14. Have any officers, directors, partners, managers, or supervisors ever been charged, arrested and/or convicted of a crime other than a simple traffic violation? ☐ No ☐ Yes If so, state the charge(s), state(s) involved and, if convicted, attach a copy of each relevant judgment and/or court order: _____
- _____

15. In what other states have you acted as fund-raising counsel? _____

16. Specify the type of service that you intend to engage in, in the State of Arkansas:
- ☐ Telephone appeals ☐ Sale of goods or services ☐ Combined appeals
☐ Special events ☐ Auctions ☐ Other _____
☐ Direct mail ☐ Door-to-door solicitations
17. If your organization will be soliciting donations via the Internet, please provide your Web site:

18. List the charitable organizations for whom you will be providing counsel:

19. Is the registrant a corporation or other entity (not an individual)? ☐ No ☐ Yes If so, provide the following information:
- a. Name of corporation/entity

- b. State in which registrant is incorporated and/or organized

- c. Address - principal place of business

- d. Telephone number - principal place of business (include area code)

20. State the names, addresses, and telephone numbers of all persons (including individuals, organizations, trusts, foundations, associations, partnerships, and/or corporations) who own a ten percent (10%) or greater interest in the registrant: (Attach additional sheets if necessary.)
- | | | | |
|-----|------------------|-----|------------------|
| (a) | _____ | (b) | _____ |
| | Name | | Name |
| | _____ | | _____ |
| | Address | | Address |
| | _____ | | _____ |
| | Telephone number | | Telephone number |
| (c) | _____ | (d) | _____ |
| | Name | | Name |
| | _____ | | _____ |
| | Address | | Address |
| | _____ | | _____ |
| | Telephone number | | Telephone number |
21. Provide a detailed description of any other business related to fund-raising conducted by the registrant or any person who owns ten percent (10%) or more interest: _____

22. Provide the names, social security numbers, residence street addresses, mailing addresses (if different), and residence telephone numbers of all officers, directors, partners, managers, and supervisors of the fund-raising counsel: (Attach additional sheets if necessary.)

(a) _____
Name Title Social Security Number
(____)

Address City State Zip Code Telephone Number

(b) _____
Name Title Social Security Number
(____)

Address City State Zip Code Telephone Number

I swear and/or affirm, under penalty of law, that the representations made in this application are true and accurate.

Name of Fund-Raising Counsel

By:

(Signature)

(Printed Signature)

(Title/Official Position)

Date Signed: _____

NOTARY

STATE OF _____)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this _____ day of _____, 200____.

Signature of Notary Public

Printed Signature

My Commission Expires:



MIKE BEEBE
 ATTORNEY GENERAL
 OFFICE OF THE ATTORNEY GENERAL
 323 CENTER STREET, Suite 200
 LITTLE ROCK, AR 72201-2610 (501) 682-6150

**IRREVOCABLE CONSENT FOR SERVICE
 FUND-RAISING COUNSEL**

_____, Fund-Raising Counsel, hereby appoint(s) the Attorney General of the State of Arkansas as agent for service in case of any and all lawsuits, proceedings and actions growing out of the violation of any of the provisions of Ark. Code Ann. § 4-28-401 *et seq.*, or as a result of any activities conducted in the State of Arkansas giving rise to a cause of action.

It is hereby agreed that consent for service is irrevocable, and service on the Attorney General of the State of Arkansas shall be binding on this organization as if due service had been made on its agents in person.

 Date Signed

 Fund-Raising Counsel

BY: _____
 (Signature)

 (Printed Signature)

 (Title/Official Position)

NOTARY

STATE OF _____)
) ss:
 COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this _____ day of _____, 200____.

My Commission Expires:

 Signature of Notary Public

_____/_____/_____

 Printed Signature